



(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323-E)

File Number: **0000186978** | Submit Date: **2022-03-21** | FRN: **0004374534**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:

03/21/2022 | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0004374534		Central Florida Educational Foundation, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1065 Rainer Drive	Alamonte Springs	FL	32714	+1 (407) 869-8000	gm@zradio.org

2. Contact Representative

Name		Organization			
Davina S. Sashkin, Esq.		Baker & Hostetler LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1050 Connecticut Ave. NW Suite 1100	Washington	DC	20036	+1 (202) 861-1759	dsashkin@bakerlaw.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	03/21/2022 When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) /Permittees(s) and Station(s) /Permit(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Permittee Name	FRN
Central Florida Educational Foundation, Inc.	0004374534

Fac. ID No.	Call Sign	City	State	Service
9876	WPOZ	ORLANDO	FL	FM
27291	WMYZ	THE VILLAGES	FL	FM
40157	W292DZ	ORLANDO	FL	FX
92508	WHYZ	PALM COAST	FL	FM
142410	W279CT	CLERMONT	FL	FX
142414	W300CL	LAKELAND	FL	FX
142420	W298BO	WINTER HAVEN	FL	FX
142441	W274BB	HAINES CITY	FL	FX
142447	W250BH	MELBOURNE	FL	FX
142461	W245AZ	THE VILLAGES	FL	FX
142468	W275BZ	PORT ORANGE	FL	FX
143886	W227CP	SANFORD	FL	FX
157073	W278BP	PALM COAST	FL	FX
157091	W240BV	ORLANDO	FL	FX
157096	W274BR	THE VILLAGES	FL	FX
157099	W273CA	ORLANDO	FL	FX
176311	WDOZ	PIERSON	FL	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	THIRD AMENDED AND RESTATED ARTICLES OF INCORPORATION
Parties to contract or instrument	STATE OF FLORIDA
Date of execution	08/2015
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: THIRD AMENDED AND RESTATED ARTICLES OF INCORPORATION

Document Information

Description of contract or instrument	AMENDED AND RESTATED BY-LAWS
Parties to contract or instrument	CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.
Date of execution	06/2015
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: AMENDED AND RESTATED BY-LAWS

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
FRN	0004374534	
Entity Name	Central Florida Educational Foundation, Inc.	
Address	PO Box	
	Street 1	1065 Rainer Drive
	Street 2	
	City	Alamonte Springs
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32714
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information			
FRN	0009932328		
Name	James S. Hoge		
Address	PO Box		
	Street 1	443 TIMBER RIDGE DR.	
	Street 2		
	City	LONGWOOD	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32779	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	President		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0027237650		
Name	Dean Chapman		
Address	PO Box		
	Street 1	119 EAST WYNDHAM COURT	
	Street 2		
	City	LONGWOOD	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32779	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Broadcaster		

By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0030846828		
Name	Judy Q. Stephan		
Address	PO Box		
	Street 1	131 Golf Club Drive	
	Street 2		
	City	Longwood	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32779	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Office Manager		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0030846885		
Name	Stuart Kinniburgh		
Address	PO Box		
	Street 1	376 Serena Lane	
	Street 2		
	City	Clermont	
	State ("NA" if non-U.S. address)	FL	

	Zip/Postal Code	34711	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Businessman		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	0027237692		
Name	Judy L. Wise		
Address	PO Box		
	Street 1	351 Conch Key Lane	
	Street 2		
	City	Lady Lake	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32159	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information	
FRN	9990149671

Name	Timothy DeTellis		
Address	PO Box		
	Street 1	35454 Pinegate Trail	
	Street 2		
	City	Eustis	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32736	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	President of New Missions, Inc		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	0027237718		
Name	Cathy Ligato		
Address	PO Box		
	Street 1	112 Olive Tree Circle	
	Street 2		
	City	Altamonte Springs	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32714	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Assistant Program Director		
By Whom Appointed or Elected	Board of Directors		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? If " <u>Yes</u> ," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	No
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Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: President Exact Legal Title or Name of Respondent: Central Florida Educational Foundation, Inc. Name: James S Hoge Phone: 4078698000 03/21/2022